

Case Number:	CM13-0060231		
Date Assigned:	01/08/2014	Date of Injury:	08/17/2011
Decision Date:	05/20/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 64 year old male who was injured on 08/17/2011. Mechanism of injury is unknown. Prior treatment history has included a total of 51 visits with a chiropractor and physical therapy. Greater occipital nerve blocks were performed. He had massage with a chiropractor (developed pain in the neck and in the skull as well as shoulder blades). Medications include topiramate 50 mg oral tablet and Naproxen sparingly only on severe days. Diagnostic studies reviewed include MRI of the cervical spine demonstrating trace retrolisthesis of C4 on C5 and C5 on C6. There is a C4-C5 central disc protrusion and a smaller disc protrusion at C5-C6. There is neural foraminal stenosis at C6-C7 on the right and minimal stenosis at C6-C6. These changes are mild and there is no significant nerve root compression or spinal cord stenosis. Progress note dated 10/02/2013 documented the patient to have complaints of a headache over the left side with pain behind the right eye. Pain is 6-7/10 and he continues with complaints of pain in the shoulders. He is hesitant to try any more pills for the pain since he has had adverse reactions to so many other medications. Previous medications tried include: Vicodin, Tramadol, cyclobenzaprine and ibuprofen. Objective findings on exam included musculoskeletal examination revealing multiple tender points in the cervical paraspinals and trapezius muscles bilaterally. Tissues have increased tone in the cervical paraspinal muscles and trapezius muscles bilaterally. Tissues have increased tone in the cervical paraspinal muscles and there is tenderness over the occipital nerves bilaterally. Motor examination revealed no muscle atrophy. Tone was normal. Upper limb strength was 5/5 bilaterally. Reflexes were 2+ bilaterally in upper and lower extremities. Sensation was normal to all modalities. Assessment: Common migraine headache and cervicgia.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

EPIDURAL STEROID INJECTION AT LEVEL C5-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: According to the CA MTUS guidelines, an epidural injection is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Progress note dated 10/02/2013 documented normal neurological examination. The patient's cervical MRI documents mild changes; there is no significant nerve root compression or spinal cord stenosis. Medical records do not demonstrate subjective complaints, objective findings and correlating MRI findings consistent with an active cervical radiculopathy. Epidural injections may be indicated for patients who would otherwise undergo surgical intervention, which is not established in this case. The medical records do not establish this patient is a candidate for cervical epidural injections.